

ask the children



nsw commission for
children & young people

Prescription and Over-the-counter medication:

Research into the views and experiences of children and young people in New South Wales

The Research

In 2001 the NSW Commission for Children and Young People asked over 70 kids about their use of prescription and over the counter (OTC) medications in NSW.

This research focussed on young people aged 10 to 18 years and consisted of four 'face to face' focus groups (held in North Sydney, Wollongong, Bathurst and Campbelltown) and an online discussion forum that was conducted over the same four-day period.

Children and young people's understandings about 'drugs'

Children and young people use a variety of prescription and OTC medications.

The children and young people in the study were, however, divided in their understanding of differences and similarities between prescription and OTC medications, and those they defined as 'drugs'. Remarks from kids included:

'There's basically two types – the ones that help you when you're sick and the ones that hurt you like crack, dope and alcohol.'

'Drugs' is interpreted as being "illegal" and medication is the good stuff.'

'Prescription or even non-prescription medication can be just as addictive.'

'I would think of both prescription, non-prescription, legal and illegal drugs as drugs'

As these comments suggest, many young people believed that medications were generally safe if prescribed or legally available over the counter. Baxter (1995) highlights concerns about establishing problematic medication habits in early childhood, although very little research has been done in this area. Both Baxter and Reidpath raise the question of whether overmedication in early childhood is connected to later overuse or abuse.

A commonly expressed belief was that if medications are readily available then they were safe. However, the experiences of some children and young people had led them to be concerned about the potential for harm in using any medications. *'All drugs can affect your health in negative ways,'* said one young person.

Little appears to be known about the long-term impact of the use of certain medications on children and young people as few clinical trials include people under-18 years of age. Children and young people are unaware of this and often assume that commonly used medications are safe for kids.

They also need to know whether there is any uncertainty in the diagnoses and the benefits and adverse affects of the types of treatment on offer and the available evidence for prescribing a particular treatment program.

Understanding medical directions

Many young people trust their doctor and therefore the medication they prescribe. One young person said, *'If it's prescribed by the doctor, I just assume that it's ok, no matter what the use by date says.'*

Many kids said they trusted their parents to provide good advice about what to do if they are sick – *'Mum tells me all that stuff, so I don't really have to think about it.'* Children and young people feel the directions provided by doctors could be better. *'I think they need to get rid of their jargon a lot of the time and speak in terms we can understand,'* said another young person.

Some young people reported that they stop taking prescribed medication, as they could not afford to continue treatment, whilst others ceased taking them as they felt the medications were working too slowly or not working at all.

'I get frustrated if it takes too long to work. Then I think... "Well I'll just take something else if that's not working".'

A study conducted by Baxter and Browne (1989) found that some parents did not understand the importance of the correct use of medication or the possible dangers and side effects of some drugs.

Sharing prescription and over the counter drugs

While younger children (10-12 years) saw the sharing of medication as *'the wrong thing to do' - 'I don't think you should share your medications, because what if it doesn't fit your body?'* – many young people saw it as the *'done thing'* and *'normal'* – *'Giving drugs [medications] to your friends is not a big deal – you can't stop it – it's just inevitable.'*

From the comments by young people the most commonly shared medications appear to be Ritalin, Ventolin puffers, and weight loss medications.

'Yeah, those things that expand in your stomach [weight loss medication] so you don't feel hungry – that's really common at our school – lots of girls at my school take them.'

Some young people distribute prescription and OTC medications readily to friends and acquaintances without warning them of possible dangers or side effects because they perceive that prescription and OTC drugs are safer than illegal and age restricted drugs.

Key relationships

Parents

Children and young people identified that their main sources of information about OTC and prescribed medications were their parents and doctors. This underlines the importance of parents having a clear understanding of dosages and side effects.

Many young people in the 10-15 year age group appear to trust and rely almost solely on their parents (usually mothers) to safely administer correct medication and dosages. This was summed up by one young person who said, *'Your parents' word is the last word.'*

Children and young people also rely on their parents to translate what their doctor has said. Some mentioned that their parents also had trouble understanding the doctor and leave the visit with an unclear message about the medication and treatment options. *'Most of the time I get mum to explain it, but sometimes she doesn't understand – it's really annoying that the doctor doesn't talk to the patient but to the parent,'* explained a young person.

Issues for disadvantaged families, children and young people

The Australian Institute of Health and Welfare in its 1995 publication *Health Differentials Among Australian Children* stated that socially and economically disadvantaged children experienced poorer health. Those who are most disadvantaged were less likely to access health services and when they did they were less likely to be able to afford the cost of medication.

This finding was reflected in the focus groups with some young people stopping taking recommended medications because they could not afford to continue the treatment.

'Quite often it is too expensive to buy medication. So if I feel better I will save the rest for the next time I get sick. I know it's wrong but I [and all my friends] do it all the time.'

Some doctors also have concerns about the ability of vulnerable children and young people to manage medications, one GP commented:

'Doctors don't often think about how their patient is going to be able to purchase the prescribed medication and very vulnerable young people have little ability to pay. Some of the health centres have free medication and doctors can be creative in using samples – but there is not a systemic response to children and young people who do not have the money to pay.'

The availability of free medications through hospitals and community health centres is decreasing and young people have limited access to the Pharmaceutical Benefit Scheme (PBS). It is significant that none of the young people the Commission met with mentioned sources of subsidised medication or the PBS. It appears that disadvantaged children and young people may not know about how to access benefit schemes.

Talking about doctors...

'I'm invisible. I'm the patient getting checked out and here's the doctor talking to my mum about something that's wrong with my body.'

Many young people begin to visit doctors alone between the ages of 14-17 years of age.

Children and young people had very mixed views of how helpful and approachable doctors could be. Some had very positive experiences and felt comfortable with their doctors, others had negative experiences and felt that doctors did not relate to them or provide adequate explanations.

'Most of the time I get mum to explain it, but sometimes she doesn't understand – it's really annoying that the doctor doesn't talk to the patient but to the parent.'

'...the doctor always loses me in the technical names of tablets – "please just give it to me in English".'

And the embarrassment that some young people felt about talking to their doctor meant they did not always discuss issues such as side effects of medications.

'I am usually more focused on getting out of the GP's office more than anything else so I don't ask many questions about medication and side effects...'

Some kids also wanted to know more about alternative/complementary 'non-drug treatments' and be involved in deciding their preferred course of treatment. *'People always seem to think that the answer is a medication, they don't think of trying diet, exercise or counselling before trying a pill...Doctors could try to educate patients before automatically prescribing.'*

During the Commission's consultations, several older children expressed concerns about accessing medical treatment independently of their parents and were unsure whether doctors might breach their confidentiality.

'A separate youth doctor might be good because you could talk to them about things that you wouldn't want to talk to your parents or normal family doctor about. They [the doctor] could tell your parents that you take drugs and you could have a blue with your parents,' explained one young person.

Talking about pharmacists...

'Chemists know a lot about the medications and can tell you about them when the doctor doesn't.'

Children and young people see pharmacists as a key source of accessible, accurate and sensitive information concerning the correct use of medication. As young people were sometimes unclear on what the doctor had prescribed or were unaware of the impact of mixing with other substances, pharmacists were able to reinforce dosage instructions and possible side effects.

Young people clearly perceive a difference between a good and a bad pharmacist:

'A "bad" pharmacist is one who doesn't communicate dosages, possible side-effects or interactions, and who doesn't show any interest in fielding questions about the medication or about the patient's condition.'

'Perhaps pharmacists should engage with young people first; explaining what medications do is usually comforting for the person taking it, even if it's just a confirmation of what they already know. Having established a conversation it would also make it easier for young people to ask questions, since they wouldn't feel as if they were being paranoid or pedantic or troublesome.'

And like their experiences with doctors, many young people reported feeling embarrassed about speaking to a pharmacist and feared being judged by them.

'I think young people aren't willing to share their problems with strangers in case they were judged a bit naive by the pharmacists,' explained a young person.

Talking about schools...

Information about drugs and over-the-counter (OTC) medications in schools.

Young people criticised the extent to which drug education in school focuses on tobacco, alcohol and illicit drugs, with little mention of commonly used prescription and OTC medications.

Many felt that it would be useful to get information through the school drugs programs but that currently these were almost exclusively focussed on illicit drugs

or alcohol and tobacco. They identified this as a gap as the drugs most likely to be used by children and young people were analgesics, other OTC medications and prescription drugs.

'I guess schools figure that doctors and parents will tell you,' explained a young person.

Taking medications at school

Children also spoke of difficulties in taking their medications at school, with one resorting to changing his medication times so that it would not cause interruption to his school routine.

'I had to change my medication times as I was having a hard time getting out of class. I have to time my medication to the correct amount of hours apart, so changing the hours can leave me up late at night – so this is frustrating at times.'

'It was easier in primary school to take my medication – they knew my routine. At high school you have different teachers throughout the whole day and you have to explain – one day you have English at medication time – the next day it's another teacher and class – you have to tell them you really truly have to take it and you're not just trying to get out of class,' another explained.

These comments suggest children's health may be compromised when school routines are prioritised over health needs. Where the school timetables may clash with medication routines, schools and child care services need to consider adopting a flexible approach to the health needs of kids with ongoing medical conditions that require medication during class times.

Managing challenging behaviours

Schools may experience difficulties in managing the behaviour of children with a variety of conditions and find it difficult to provide an adequate level of support for children with complex and multiple problems. Many children and young people reported that they had known someone at school with behavioural problems.

'There's a girl at school who gets cranky and kicks others – the teacher sends her to the principal's office.'

Most young people weren't critical of their peers who took medications for conditions such as bi-polar disorder or ADHD. However, as the following comments

indicate, some young people were ridiculed for taking these same medications or described how peers who were taking Ritalin were ostracised.

'Everyone treats me like I'm a freak or something. Just because I take something [Ritalin] for my ADHD.'

'If you take an anti-depressant, everyone thinks that you're an idiot and they tease you.'

This suggests it is important that schools acknowledge the impact of the debates around ADHD on children and young people who often feel caught between the sceptics and proponents. Students in an Australian study talked about being left alone with these struggles and acknowledged how useful the group discussions about ADHD had been in connecting them with others experiencing similar struggles (Prosser, 1999).

Sharing or selling of prescription or OTC medications.

A number of young people talked about school being the place where sharing, buying and selling of OTC and prescribed drugs occur. Comments included:

'Some people deal Ritalin at school.'

'Bootlegging [giving your friends prescription drugs and dealing prescription drugs to others] goes on all the time – it's just the normal thing.'

The research also revealed that some young people share prescription and OTC medications with friends and acquaintances without warning them of possible dangers or side effects because they perceive they are safer than illegal and age restricted drugs:

'It depends on the dosage – sometimes a little bit isn't going to hurt you.'

'If they're good friends you will tell them the side effects, but if you don't know the person you will just give it to them and say "just take this".'

Using Medications to Enhance Performance

In sport

Some young people felt there was widespread use of prescription or OTC medications to enhance sporting performance and help kids recover from sporting

injuries. A number of young people involved in sport raised concern about the pressure to perform and how some parents may exacerbate this pressure. Comments included:

'Ventolin is really widespread among people who don't have asthma. People know it has steroids in it and it is used a lot in sports by people who want to breathe more and run faster.'

'Things like Creatine – that's pretty common with the footy guys.'

'They [sportspeople at school] take them for quicker recovery time and to build up – get more muscle bulk ...also you can train every day even if you have an injury, so you don't need a resting day.'

'Some people take them to build up the confidence to win.'

Energy boosters

Preparations such as caffeine and guarana pills were reported as commonly used by young people to get through exam periods and tough times.

'There's a lot of writing and you can get dead arms – caffeine pills get you going.'

Some children and young people said that Ritalin was used to improve performance during exams. *'I know someone who took twelve pills [Ritalin] before an exam.'*

Young people were concerned about the misuse of over the counter sports drinks. As one young person said, *'some of the new energy drinks around are almost a form of addiction. One friend in particular consumes about 7 bottles of Red Bull daily because he's so used to doing it that if he doesn't his body goes into shock. It's scary stuff.'*

Children and young people may not be aware of the dangers of consuming significant quantities of caffeine, or that these drinks are not recommended for re-hydration (see sports coaches pamphlet) and that they should also be drinking water.

Conclusion

The importance of knowing how to communicate, build relationships and involve children and young people in

decisions about medications and their health generally is a key issue for the community.

Just like adults, most children and young people want to have choices about their health care. As one young person said, *'there are a number of ways to manage an illness or ailment and doctors need to explore those methods with children and young people before prescribing them any drugs.'*

And, as the comments from the research reveal, children and young people want adults to involve them as active participants in decision making about their health.

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